

Surveillance for Carbapenem Resistance

CDC's Epidemiology and Laboratory Capacity Cooperative agreement (ELC) has requested Public Health Laboratories to collect, confirm, and characterize carbapenem-resistant Enterobacteriaceae (CRE) and *Pseudomonas aeruginosa* (CRPA) isolates. These activities will help to identify isolates that produce a carbapenemase and classify the kind of carbapenemase resistance present. In order to help conduct this surveillance effort, **we need your help!** Please review the document, "Guidance for Implementation of CRE and CRPA testing at Montana Public Health Laboratory," found on our [website](#) under *What's New*. This document identifies the isolates of interest, as well as collection strategies, testing provided, and reporting practices.

September 5,
2017



Montana Public Health Laboratory to Discontinue Virology Culture Services Effective October 1, 2017

The Montana Public Health Laboratory (MTPHL) has decided to discontinue Virology Culture beginning October 1, 2017. Conventional viral culture has long been the mainstay for growth and identification of viruses from clinical specimens. However, the isolation of viruses in culture is slow, time consuming, and labor intensive and can lack the sensitivity needed to have an appreciable impact on clinical decision-making. In contrast, the rapid advancement of molecular methods, such as PCR, has dampened the role of viral culture, by providing early and accurate diagnostic information that can have a significant impact on patient care and treatment.

Due to these molecular advances, the MTPHL has experienced a significant decline in requests for viral culture. The decline in requests has made maintaining this capability very difficult to support.

Although viral culture will not be available, the MTPHL has molecular testing capabilities that will detect many viruses of public health significance. These include:

- Influenza A Virus and subtypes
- Influenza B Virus and genotypes
- Influenza Viruses A/H5 and A/H7
- MERSCov
- Varicella Zoster Virus (VZV)
- Measles Virus
- Mumps Virus
- Herpes Simplex Virus (HSV) 1&2
- Adenovirus
- Enterovirus (including EV-D68)
- Chlamydia

We sincerely regret any inconvenience that this change may cause you.

Please contact the Montana Public Health Laboratory at 1-800-821-7284 if you would like to discuss our viral molecular testing services or for any additional questions.

Montana Communicable Release date: 9/1/2017

Infographic of the Week:



To download and print a high-resolution pdf version of MTDPHHS infographics, or to view the archive of weekly infographics, please visit the [CDEpi infographics page](#).

DISEASE INFORMATION

Summary – MMWR Week 34: Ending 8/26/17 Preliminary disease reports received by DPHHS for the reporting period August 20–26, 2017 included the following:

- **General Communicable Diseases:** (0)
- **Enteric Diseases:** Campylobacteriosis (9), Cryptosporidiosis (2), Cyclosporiasis (1), Salmonellosis (1), Shiga-toxin producing *E. coli* [STEC] (3), Shigellosis (1)
- **Vaccine Preventable Diseases:** Pertussis (1), *Streptococcus pneumoniae* (1)
- **STD/HIV:** Chlamydia (82), Gonorrhea (15), Syphilis primary/secondary (4), Syphilis latent (1), HIV* (0)
- **Hepatitis:** Hepatitis C, acute (1), Hepatitis C, chronic (39)
- **Zoonotic diseases:** Q Fever (1), West Nile fever (2)
- **Animal Rabies:** (1, bat)

* A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

† Case is acquired outside of Montana

NOTE: The attached report has multiple pages reflecting the following information: (1) cases for the past reporting week; (2) communicable diseases YTD; and (3) clusters and outbreaks.

HOT TOPICS

Wildfires and Air Quality: The Montana Departments of Public Health and Human Services and Environmental Quality have released a press release today urging Montana residents and visitors to protect themselves from continued poor air quality due to wildfire smoke. That press release can be accessed at <http://dphhs.mt.gov/aboutus/news/8-25-17airquality>

“The main public health message is to avoid prolonged exposure to smoke as much as possible,” said DPHHS state medical officer Greg Holzman. “Prolonged exposure can impact anyone’s health, especially those with compromised medical conditions. We are urging Montanans to pay close attention to public health messages as conditions change, and when advised, take extra safety measures.”

DPHHS offers several resources and recommendations the general public can follow to avoid prolonged exposure. www.dphhs.mt.gov

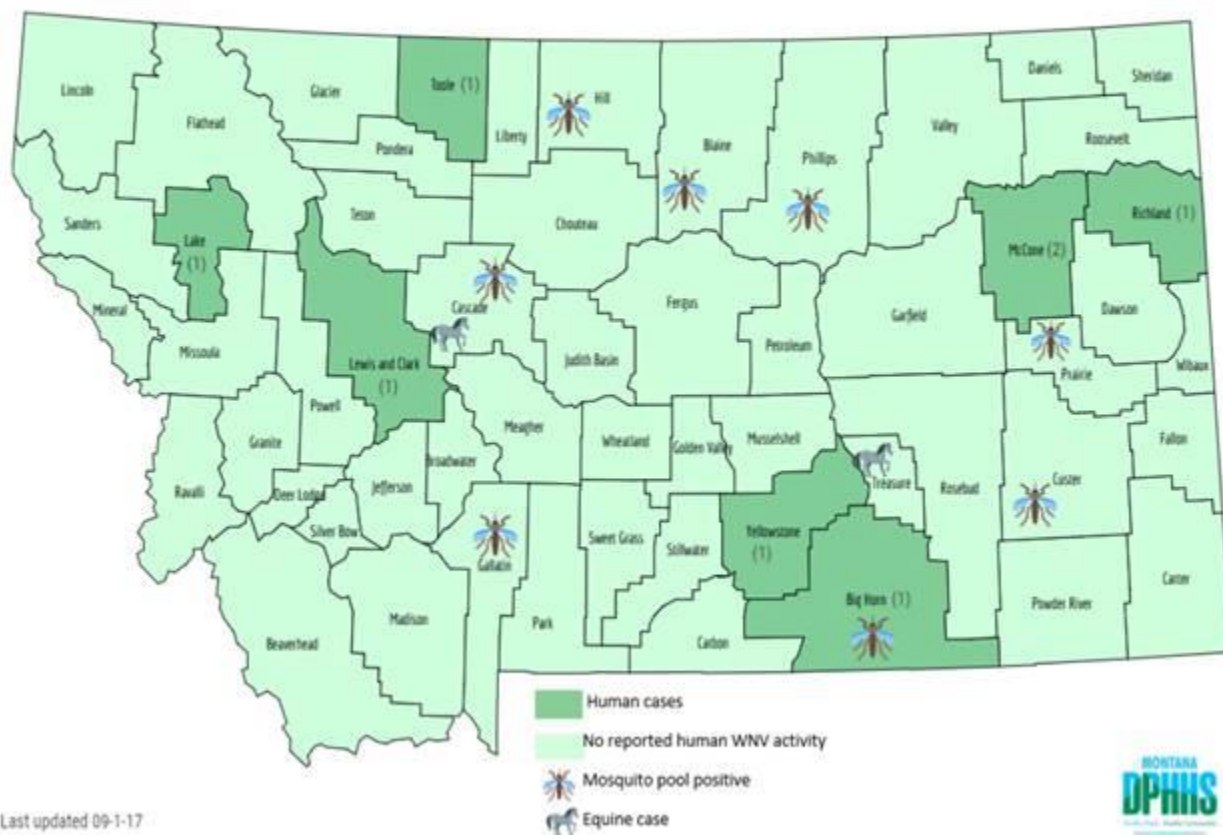
The Department of Environmental Quality offers daily updates on wildfire smoke and air quality: www.todaysair.mt.gov

West Nile Virus (WNV) Update: We are now up to 8 cases of WNV. Season to date human cases have been identified in Big Horn, Lake, Lewis and Clark, McCone, Richland, Toole and Yellowstone counties. Two cases in horses been identified with one in Cascade and one in Treasure County.

Positive mosquito pools are now scattered across the eastern two thirds of the state with Bighorn, Cascade and Gallatin counties being added to those reported from Blaine, Custer, Hill, Phillips and Prairie counties. Please continue prevention activities in your jurisdictions.

West Nile Virus Cases by County

Montana, 2017



More information on messaging and WNV is available at: <http://dphhs.mt.gov/publichealth/cdepi/diseases/westnilevirus>.

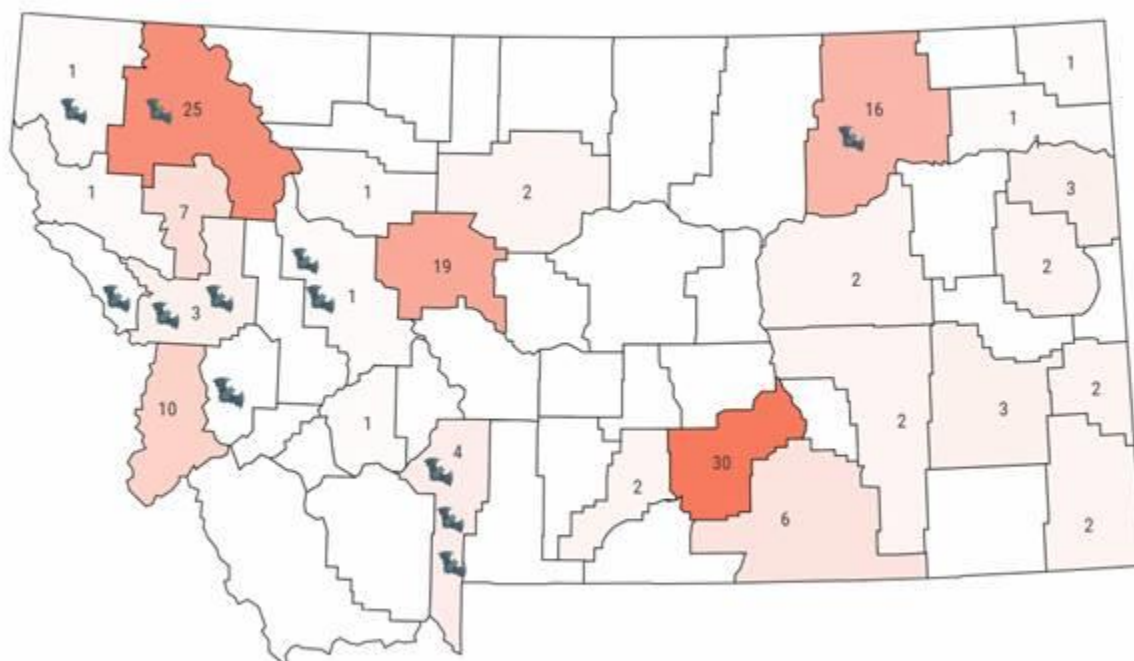
The CDC case definition for "Arboviral Diseases" can be found at <https://www.cdc.gov/nndss/conditions/arboviral-diseases-neuroinvasive-and-non-neuroinvasive/case-definition/2015/>

Syphilis: A press release and Health Alert Network (HAN) message were released earlier this week detailing recommendations to address our continued rise in syphilis cases. Please see the attachment for more information on this topic and keep up the fight!

Rabies: Rabies reports for post exposure prophylaxis (PEP) and positive specimens are relatively high this year, particularly in association with exposures to bats. Five bats have tested positive for rabies since Friday, August 25th. In 2017, seven individuals with exposure linked to a positive animal have received rabies PEP. One person was exposed to a rabid animal from another state, and four of the bat positives in MT had human exposure. Testing is recommended when either animals or people are exposed to a potentially rabid animal, so there are some areas have a rabies positive animal with no PEP recommendations made.

The distribution of rabies PEP recommendations was calculated based on when rabies PEP was recommended or administered. Ravalli and Valley have large numbers of PEP recommendations due to some animal exposures where multiple people were exposed at the same time. Flathead County reports primarily bat exposures with some dogs and cats, but Yellowstone is almost exclusively dogs and cats. One fifth of Cascade's PEP recommendations are due to exposures from bats, and the remainder are cats and dogs. Additionally, PEP was recommended to be administered (or administered) to 16 individuals who live outside of the state of Montana. Often these are people visiting family or who are on vacation.

Rabies PEP Recommendations and Animal Positives, Montana 2017



PEP Recommendations per County

0 10 20 30 40

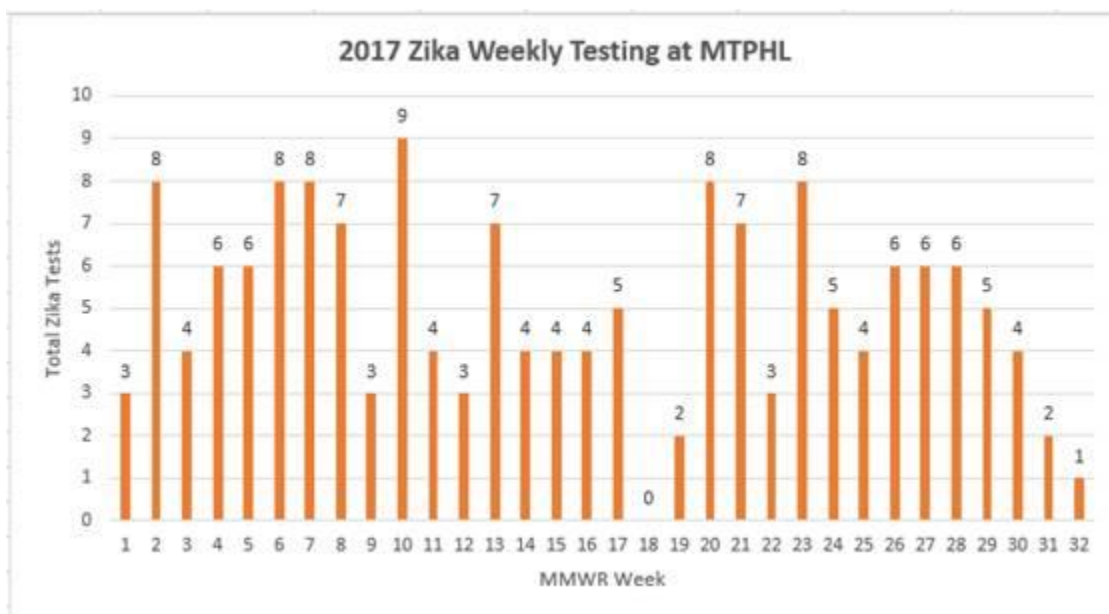
2017 Animal Rabies

Bats-12



Zika: The first confirmed Zika case has been reported for 2017 in a symptomatic individual with travel to a Zika affected country. The case also had a co-infection with Dengue. This case illustrates the evolution in testing technologies in that the last exposure this person had was in late January of 2017 with specimen submission in July. The Montana Public Health Laboratory (MTPHL) continues to test symptomatic individuals and pregnant women with a history of travel to a Zika affected country. Testing numbers through MTPHL can be found in the chart below.

We will be reviewing what testing will be paid for by DPHHS in the near future and providing guidance to local jurisdictions. The advent of private laboratory testing for Zika and the fact that funding to pay for Zika testing has been reduced supports the need to begin to “normalize” the Zika testing process so it better aligns with how other disease testing is supported. This should result in less documentation of suspect cases although positive cases will be followed up as are cases for all other diseases. More to come on this.



INFORMATION/ANNOUNCEMENTS

Training opportunities: Please consider joining us at MPHA/ MEHA in Missoula 9/19-20/2017. Staff from CDEpi and FCSS are presenting some interesting topics this year. Registration information can be found at <http://www.mtpha.com/page/2017conference>

Don't miss:

1. Illness Outbreak Mystery Theater – Jeff Havens, Dana Fejes

Do you have what it takes to solve the mystery? This simulated illness outbreak investigation is presented with a mix of presentation and hands-on activities with significant emphasis on environmental sampling and shipping. The exercise provides theoretical knowledge and practical skills for environmental health specialists based on plausible events.

2. The Impact of Adolescent Sexting in Frontier Communities - Jennifer Fladager

A cross-sectional study was designed to understand adolescent sexting behavior in Dawson County, Montana and to determine possible interventions to reduce the incidence of this behavior.

Our new staff member, Erika Baldry will present a poster about “Workforce Training Development”. Be sure to stop by and say hi. View many other exciting topics, panel discussions and breakout sessions at the [MPHA](#) and [MEHA](#) agendas [here](#).

Integrated Food Safety Centers of Excellence (CoE) Resources

Each week we will highlight a product from the Integrated Food Safety Centers of Excellence. The Centers work together to identify and implement best practices in foodborne disease surveillance and outbreak response and to serve as a resource for other state, regional, and local public health professionals. To learn more about the centers and their products, visit the [website](#). Click on the image below to view the featured product of the week.

Note: If your browser blocks the survey question on page two in the module, click “next” on that screen to skip the survey question.

Clinical & Environmental Specimens in Colorado

Colorado Center



2017

This training reviews how to collect, package, and ship clinical and environmental specimens in Colorado during a foodborne illness outbreak investigation.

[View More](#)

This Week's MMWR from CDC

MMWR Weekly

Vol. 66, No. 34

September 1, 2017

In this report

[International Overdose Awareness Day — August 31, 2017](#)

[Trends in Deaths Involving Heroin and Synthetic Opioids Excluding Methadone, and Law Enforcement Drug Product Reports, by Census Region — United States, 2006–2015](#)

[Overdose Deaths Related to Fentanyl and Its Analogs — Ohio, January–February 2017](#)

[Awareness, Beliefs, and Actions Concerning Zika Virus Among Pregnant Women and Community Members — U.S. Virgin Islands, November–December 2016](#)

Notes from the Field: [Fatal Yellow Fever in a Traveler Returning From Peru — New York, 2016](#)

Notes from the Field: [Lead Poisoning in an Infant Associated with a Metal Bracelet — Connecticut, 2016](#)

QuickStats: [Percentage of Children Aged 6–17 Years Who Wear Glasses or Contact Lenses, by Sex and Age Group — National Health Interview Survey, 2016](#)

PDF of this issue

[Notifiable Diseases and Mortality Tables](#)

[Link to PDF for Notifiable Diseases and Mortality Tables](#)

[Link to additional formats for Notifiable Diseases and Mortality Tables](#)

Q&A CORNER

Q: *I filled out the one-page rabies PEP form, but I feel like I need to send in further documentation to DPHHS because it does not collect everything I like to have in the file. Do I need to send in records of vaccine administration and nurse's notes, too?*

A: In 2015, the rabies post-exposure prophylaxis (PEP) form was condensed from four pages to one to simplify reporting. It collects the data that DPHHS requires when a PEP regimen is recommended or given to meet the reporting requirements. Often as local health jurisdictions conduct an investigation for a potential rabies exposure, you request this information and keep notes as you work. These notes may be essential to your facility, however, those are not necessary for reporting purposes. By submitting a brief synopsis of the exposure and using the check boxes in each section, we are able to obtain the data necessary for reporting.

Q: **Who do I contact in CD/Epi for Vector Borne Disease issues?**

A: We have just added Erika Baldry to the CDEpi staff. Erika will be working on vector borne issues as well as Healthcare Acquired infections (HAIs) and helping with Antimicrobial Stewardship issues. Erika is from Miles City and completed her Masters in Public Health at University of Montana (Go Griz!). She has had work experience in public health in North Dakota, and with DPHHS office of Public Health System Improvement Office prior to coming to CDEpi. You can reach Erika, or any of our CDEPI staff, at 444-0273.

Communicable Disease Epidemiology Suggestion Box:



To submit a question or comment to the Communicable Disease Epidemiology Section, please click on the suggestion box to access our online form.

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Section is available 24 hours a day, 7 days a week, 365 days a year, to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

This update is produced by the Montana Communicable Disease Epidemiology Section. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://dphhs.mt.gov/publichealth/cdepi>